

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539016

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
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25		0		/		
26		0		/		
27	/		/			
28		/		/		
29		2		/		
30		0		/		
31		0		/		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	38	←	35	←		←
TOTAL CLAIMS	42		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						